Consent for Communication, Review, and/or Release of Student Records

Re: ____________________________________________________________________________
   Student Name

From: ____________________________________________________________________________
   Parent/Guardian/*Student Name                                      Phone

Please initial all that apply:

I hereby authorize the institution/individual designated below to:

☐ discuss my child’s records with Baltimore Lab School
☐ release my child’s records to Baltimore Lab School

I hereby authorize Baltimore Lab School to:

☐ discuss my child’s records with the institution/individual designated below
☐ release my child’s records to the institution/individual designated below

* The term “records” includes the following: school transcripts, current report cards, Individualized Education Plans, records containing standardized aptitude/achievement testing, professional evaluations, mental health reports/documents, and medical reports/documents.

Designee Information:

________________________________________________________________________
Institution/Individual Name                                      Title
________________________________________________________________________
Phone number                                      Email address

________________________________________________________________________
Parent/Guardian/*Student Signature                                      Date

*Student may complete and sign this form if 18 years of age